

Case Number:	CM14-0178960		
Date Assigned:	11/03/2014	Date of Injury:	07/08/2013
Decision Date:	12/12/2014	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	10/28/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgery, and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 52-year-old male with a 7/8/13 date of injury. According to a progress report dated 9/9/14, the patient underwent left total knee arthroplasty on 4/1/14; his postoperative progress has been extremely slow. He had tremendous amount of weakness and atrophy in his left lower extremity. Objective findings: significant right quadriceps, hamstring, and calf muscle atrophy and weakness, no obvious instability, he can extend 0 degrees, flex 110 degrees. Diagnostic impression: posttraumatic degenerative joint disease, left knee; status post left total knee arthroplasty on 4/1/14. Treatment to date: medication management, activity modification, surgery. A UR decision dated 10/20/14 denied the request for 12 sessions of physical therapy. The claimant has significantly exceeded CA MTUS postoperative therapy guideline recommendations of 24 visits for a total knee replacement. Currently, this claimant is still having significant atrophy and weakness. There was no medical rationale offered supporting further therapy as to why therapy now would be more beneficial.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Associated surgical service: Physical therapy for the left knee 3 times a week for 4 weeks, QTY: 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: If postsurgical physical medicine is medically necessary, an initial course of therapy may be prescribed. With documentation of functional improvement, a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy applicable to the specific surgery. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. Guidelines support up to 24 visits over 10 weeks for postsurgical treatment of knee arthroplasty. However, according to the UR decision dated 10/2014, the patient has already completed at least 24 physical therapy sessions. There is no documentation of significant functional improvement from the previous treatment. There is no documentation as to why this patient cannot use an independent home exercise program to address his remaining functional deficits. Therefore, the request for associated surgical service: Physical therapy for the left knee 3 times a week for 4 weeks, QTY: 12 sessions was not medically necessary.